US DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Audits and Evaluations

VETERANS HEALTH ADMINISTRATION

The Emergency Department Construction Project at the Audie L. Murphy Memorial Veterans' Hospital in San Antonio, Texas, Did Not Follow VA and Industry Equipment Design Standards

Review	24-00982-147	September 10, 2025

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Executive Summary

Veterans can go to VA emergency departments to receive 24-hour stabilizing care when they have medical or mental health conditions that immediately jeopardize their life, threaten their bodily functions, or cause serious injury. Medical staff in the emergency department have the skills to initially evaluate and treat a range of illnesses, injuries, and mental health disorders.

As of fiscal year (FY) 2024 (which ended September 30, 2024), the emergency department at the Audie L. Murphy Memorial Veterans' Hospital in San Antonio, Texas, was the second-busiest in the VA healthcare system.[1] A multimillion-dollar construction project that began in August 2013 was meant to accommodate the emergency department's high patient volume and to reconfigure the space to improve safety, flow, and patients' experience. The facility needed to meet the VA Office of Construction and Facilities Management's (CFM) equipment design standards to provide effective care.[2] Construction on the expansion and renovation finished in June 2024 at a total cost of almost $12.3 million.[3]

In December 2023, the VA Office of Inspector General (OIG) received allegations through its hotline that the Audie L. Murphy emergency department expansion and renovation did not meet the VA *Emergency Department Design Guide*.[4] The allegation specifically identified certain medical equipment in the design guide that was not installed in some exam rooms—which put patients at risk because some equipment needed for urgent care was not readily available after the expansion and renovation.[5] The OIG assessed the allegation to determine whether VA design guidance and equipment standards were followed during the expansion and renovation.[6]

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[1] The VA Office of Inspector General (OIG) team extracted patient visit data from the VA Emergency Medicine Reporting Tool.

[2] VA functions as the "authority having jurisdiction" for all VA facilities and projects and has the responsibility to safeguard public health and safety through enforcing its own adopted codes and standards. VA Office of Construction and Facilities Management (CFM), *Emergency Department Design Guide (PG-18-12)*, December 2021, p. 2–25.

[3] The construction contract costs included work outside the scope of this OIG review: phase 1, human resources building; phase 2, a fast-track waiting room, storage area, medication room, social work and emergency room staff offices, and a conference room; phase 3, a nurses station, two triage rooms, a patient restroom, a waiting room, and an office; and phase 4, a medication and storage area, a clean utility room, a nurses station, a triage room, a staff lounge, and office space.

[4] The design standards have a list of equipment that should be available by room. The OIG applied criteria available at the time the design contract was awarded in January 2017. CFM published the *Emergency Department Design Guide* in December 2021, after the design phase of this project. For a comparison of the design of these fast-track exam rooms with the guidance for construction and equipment requirements published in 2021, see appendix A.

[5] The allegations made to the OIG hotline included concerns of risk to patient safety but did not assert there were actual instances of patient harm related to the design deficiencies.

[6] For more information on this review's scope and methodology, see appendix B.

What the Review Found

Federal law requires VA's director of CFM to oversee and manage the planning, design, construction, and operation of VA facilities and infrastructure for minor construction projects, including determining whether they meet architectural and engineering requirements.[7] The OIG found, however, that the Veterans Health Administration (VHA) directive for minor construction projects—like the Audie L. Murphy facility's emergency department expansion and renovation—does not specifically incorporate the requirement that the director of CFM manage and oversee facilities' minor construction projects.[8] Rather, the directive says only that the director assumes "responsibility for providing consulting support services or technical assistance for minor construction project design when specially qualified, discipline-specific or engineering issues arise."[9] The VHA handbook in place when the project began delegates to the project engineer the responsibilities of project execution (including design) and ensuring compliance with applicable standards, guides, and procedures found in CFM's technical information library.[10] The executive director of CFM told the OIG review team in August 2024 that CFM had no prevailing guidance to provide oversight and management of minor construction projects to meet the requirements of federal law on CFM oversight in the same way as major construction projects.[11]

A lack of rigorous oversight may have contributed to some renovated emergency department rooms at the Audie L. Murphy facility being completed without the equipment necessary to serve patients in emergency care situations. The OIG substantiated the allegation that the Audie L. Murphy facility's emergency department expansion and renovation did not meet either VA's design guides or industry best practices for what medical equipment the rooms should have. Various factors contributed to problems during this emergency department expansion project that are detailed in this report:

- The VHA directive on minor construction did not require CFM assistance and the responsible project engineer did not believe help was needed.

[7] 38 U.S.C. § 312A. The OIG team reviewed this federal law only to assess CFM's oversight and management of the minor construction program as it relates to the hotline allegation and did not review any applicable laws related to hospital design and construction. The scope of this review was limited to the hotline allegation and design standards identified in this report.

[8] A minor construction project is a construction project on land owned by the federal government, which increases the existing VA usable square footage or replaces usable square footage after demolition of existing space. The dollar threshold for minor construction projects is set by 38 U.S.C. § 8104, which sets the minimum cost threshold for major construction projects.

[9] VHA Directive 1002.02, *VHA Minor Construction Program*, August 23, 2022.

[10] VHA Handbook 1002.02, *VHA Minor Construction Program*, November 8, 2012.

[11] Michael Brennan, executive director of CFM, interview with the OIG team, August 7, 2024.

- The facility and design contractor incorrectly used a template for the room where patients' vital signs are taken as the basis to design "fast-track" rooms, and they also failed to use the correct guide for exam lighting.[12]
- The project engineer accepted (that is, approved) an exam room without permanent plumbing lines after the contractor also failed to install required medical air, oxygen, and vacuum lines.[13]

The design deficiencies may have been avoided if VA and CFM included a review process to ensure designs conformed with VA and industry standards or if VHA policies had aligned with federal law on CFM oversight. Failing to meet design guidance undermines the facility's efforts to have all necessary equipment when and where it is needed to provide care for urgent medical needs.

What the OIG Recommended

The OIG recommended that the VA Secretary ensure processes and guidance are in place for the director of CFM to provide appropriate oversight and management over minor construction projects consistent with the authority and responsibilities described in 38 U.S.C. § 312A. The VA Secretary should also revise the VHA directive on minor construction projects to align with statutory requirements and develop a design review process to confirm compliance with CFM design guidance and identified applicable industry standards. The OIG recommended that the director of CFM review whether the Audie L. Murphy emergency department exam and fast-track rooms comply with applicable design and equipment standards and provide any recommendations to the executive director of the South Texas Veterans Health Care System. And, the OIG recommended the executive director of the South Texas Veterans Health Care System review CFM's assessment of the Audie L. Murphy facility's emergency department for compliance with design and equipment standards and determine what changes, if any, are necessary and take appropriate corrective action.

[12] For lighting, "Veterans Health Administration: Ambulatory Care (Hospital-Based)" in chapter 262 of the VA Space Planning Criteria (June 2006) contained the lighting guidance that was still current at the time, but the facility and design contractor used only the *VA CFM Design Guide: Ambulatory Care (Hospital-Based)* from January 2009, which was also applicable. A fast-track room is a patient area in the emergency department that is used to quickly assess and treat patients with minor injuries or illnesses that need minimal resources, allowing these patients to move more quickly through the emergency department.

[13] VHA Directive 7515, *Medical Gas and Vacuum Systems*, September 27, 2019. This directive explains that "medical Gas and Vacuum Systems store, generate, and supply oxygen, compressed air, carbon dioxide, nitrous oxide, vacuum and nitrogen to patient care areas."

VA Management Comments and OIG Response

On behalf of the VA Secretary and VHA, the principal executive director of the Office of Acquisition, Logistics, and Construction, who also serves as the chief acquisition officer, consolidated a response and concurred with all four recommendations and submitted an action plan for each recommendation. The full text of VA's comments appears in appendix C. The OIG found the action plans acceptable and will close each recommendation once it receives adequate documentation demonstrating sufficient progress on implementation efforts. VA also provided six technical comments, which are included in appendix C and are addressed in detail in the report.

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Contents

Abbreviations

CFM	Office of Construction and Facilities Management
FY	fiscal year
OIG	Office of Inspector General
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

VA emergency departments provide 24-hour stabilizing care for patients' medical or mental health conditions that immediately jeopardize life, threaten bodily functions, or cause serious injury.[14] Emergency department staff are equipped to initially evaluate and treat a broad range of illnesses, injuries, and mental health disorders.

In December 2023, the VA Office of Inspector General (OIG) received allegations through its hotline that design violations in the recent expansion and renovation of the emergency department at the Audie L. Murphy Memorial Veterans' Hospital in San Antonio, Texas, led to a lack of necessary medical equipment, putting patients at a higher risk.[15] The allegations pointed out potential risks to patient safety but did not assert actual instances of patient harm related to the design deficiencies.

The hotline submission included other allegations of recurring ceiling leaks in the newly renovated emergency department area, violations of VA design standards for the nurses station, and a security risk due to uncontrolled access at the ambulance bay area—none of which were substantiated. The OIG review team visited the medical facility and determined that the ceiling leaks had been repaired, the design of the nurses station conformed with VA design standards, and security in the emergency department met VA's policing policy. As a result, the OIG focused this review on the remaining allegation of a lack of available medical equipment to determine whether VA design guidance related to medical equipment and applicable standards were followed for the minor construction project to renovate and expand the emergency department.

Overview of Emergency Department Functions

The major function of emergency care at VA hospitals is to assess walk-in and ambulance patients and to immediately treat, stabilize, admit, or refer a patient as required.[16] The type and extent of emergency services depend on the specific facility.

Emergency departments have exam and treatment rooms that serve different purposes. As stated in VA's design guide, general exam and treatment rooms are used by medical staff to consult with and examine patients, as well as to perform noninvasive treatments and procedures.[17]

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[14] VA Office of Construction and Facilities Management (CFM), *Emergency Department Design Guide (PG-18-12)*, December 2021, p. 2-1.

[15] OIG congressional relations staff forwarded the congressional referral to audit staff on January 4, 2024.

[16] VA CFM, *Design Guide: Ambulatory Care (Hospital-Based)*, January 2009, § 2-6.

[17] CFM, *Emergency Department Design Guide*, p. 2–17. VA functions as the "authority having jurisdiction" for all VA facilities and projects and has the responsibility to safeguard public health and safety through enforcing its own adopted codes and standards (p. 2–25).

According to *VA Space Planning Criteria*, all exam rooms must have patient monitors and permanent connections to the hospital's central medical air, oxygen, and vacuum lines.[18] Specially designated "fast-track" rooms are areas designed to quickly assess and treat patients with minor injuries or illnesses—allowing them to be seen and discharged more rapidly compared to patients with more serious conditions who require more care. Essentially, fast-track rooms provide a separate pathway for less urgent conditions in the emergency department, such as caring for patients with sore throats, rashes, urinary tract infections, or minor injuries.[19] Not all emergency departments have fast-track rooms, but those that do must have a way to connect the rooms to the hospital's permanent medical air, oxygen, and vacuum lines.[20]

Expansion and Renovation of the Audie L. Murphy Facility's Emergency Department

The Audie L. Murphy Memorial Veterans' Hospital was founded in 1973 and is one of two inpatient campuses in the South Texas Veterans Health Care System. The facility provides comprehensive care including acute medical, surgical, mental health, physical medicine and rehabilitation, emergency care, and primary care services.[21] According to VA data, the number of patient visits at the facility's emergency department increased from 38,438 in fiscal year (FY) 2021 to 44,512 patients in FY 2024, making it the second-busiest in the VA system as of FY 2024. Table 1 compares the number of veterans served at the facility's emergency department to several other high-volume VA emergency departments, as well as the national VA emergency department average.

Table 1. Largest VA Emergency Departments by Patient Volume, FYs 2021–2024

VA medical center	FY 2024	FY 2023	FY 2022	FY 2021
Michael E. DeBakey (Houston, Texas)	46,018	43,923	41,155	42,822
Audie L. Murphy (San Antonio, Texas)	**44,512**	**42,674**	**40,639**	**38,438**
VA North Texas (Dallas, Texas)	43,619	41,481	40,090	39,162
VA Southern Nevada (Las Vegas, Nevada)	41,939	40,439	42,600	39,473
VA emergency department average	17,385	16,416	16,167	15,546

Source: OIG analysis of data extracted from the VA Emergency Medicine Reporting Tool.

[18] VA, "Veterans Health Administration: Ambulatory Care (Hospital-Based)," June 2006, chap. 262 in VA Space Planning Criteria. In March 2024, CFM gave the OIG team an archived copy of this chapter and the equipment guide list. This 2006 version was applicable when the Audie L. Murphy facility's contract was awarded in September 2015 and is therefore considered the OIG review team's source for this report.

[19] CFM, *Emergency Department Design Guide*, p. 2–17.

[20] CFM, *Emergency Department Design Guide*, p. 2–14.

[21] "Audie L. Murphy Memorial Veterans' Hospital" (web page), VA, accessed September 10, 2024, https://www.va.gov/south-texas-health-care/locations/audie-l-murphy-memorial-veterans-hospital/.

Because the Audie L. Murphy facility's emergency department did not have enough space to accommodate its patient volume, facility officials began a minor construction project in April 2013 to convert human resources office space to clinical space and to expand and renovate the emergency department on the first floor of the hospital.[22] Part of the expansion and renovation project was adding fast-track rooms to the emergency department. According to the project's business case from the facility's engineering office, the emergency department expansion was needed to meet space demands and to reconfigure it to focus on safety, patient experience, and efficient patient flow.

In August 2013, the capital asset manager for Veterans Integrated Service Network (VISN) 17 approved the project for FY 2015.[23] With the project approved and funded, the network contracting officer for VISN 17 awarded a design contract for nearly $791,000 in September 2015; the design contract was completed in January 2017 at a total cost of about $976,000. In September 2019, the network contracting officer then awarded a construction contract to complete the facility expansion and renovation (of which the emergency department was just one component) for about $10.4 million. After contract modifications, construction finished in June 2024 at a total cost of almost $12.2 million.[24] The contract included four construction phases, each of which needed to be completed before the next one began:

- **Phase 1, completed in May 2021.** Construct a new building for human resources staff to allow for the expansion of the emergency department into human resources' prior location in the main hospital.
- **Phase 2, completed in March 2022.** Expand the emergency department to add 10 fast-track exam rooms.
- **Phase 3, completed in April 2023.** Expand the emergency department to add 12 exam rooms.
- **Phase 4, completed in June 2024.** Reconfigure the original emergency department space into 15 new or renovated exam rooms.

[22] A minor construction project is a construction project on land owned by the federal government, which increases the existing VA usable square footage or replaces usable square footage after demolition of existing space. The dollar threshold for minor construction projects is set by 38 U.S.C. § 8104, which also sets the minimum cost threshold for major construction projects.

[23] VHA divides the United States into 18 VISNs, which are regional systems of care. VISN 17 is the VA Heart of Texas Health Care Network and primarily serves Texas veterans.

[24] The construction contract costs included work outside the scope of this report: phase 1, human resources building; phase 2, a fast-track waiting room, storage area, medication room, social work and emergency room staff offices, and a conference room; phase 3, a nurses station, two triage rooms, a patient restroom, a waiting room, and an office; and phase 4, a medication and storage area, a clean utility room, a nurses station, a triage room, a staff lounge, and office space.

Relevant Law, VHA Directive, and Design Guidance

Federal law states that VA's director of the Office of Construction and Facilities Management (CFM) "shall be responsible for overseeing and managing the planning, design, construction, and operation of facilities and infrastructure of the Department, including … minor construction projects." In carrying out this oversight and management, the director is responsible for "planning, design, and construction of facilities for the Department," including determining whether they meet "architectural and engineering requirements."[25]

However, Veterans Health Administration (VHA) Directive 1002.02 states that, in regard to minor construction, the director of CFM only "has assumed responsibility for providing consulting support services or technical assistance for minor construction project design when specially qualified, discipline-specific or engineering issues arise."[26] Effectively, this gives the director a more limited oversight role for minor construction than is mandated by federal law, which makes no such exception. The VHA handbook on minor construction, which was updated to a directive in 2022, delegates to the project engineer the responsibilities of project execution (including design) and ensuring compliance with applicable standards, guides, and procedures found in CFM's technical information library.[27]

Emergency Department Design Guidance

CFM had two publications available in its technical information library to guide the construction and renovation of emergency departments during the time the Audie L. Murphy facility's project was approved, designed, and constructed from April 2013 through June 2024. Another publication by an industry group was published in 2014, before the design contract for the Audie L. Murphy project was awarded. The three publications are as follows:

- **Chapter 262 in *VA Space Planning Criteria*.**[28] This 2006 space planning guide provides equipment requirements for VA emergency departments and an equipment list for VA healthcare projects by the type of exam room.[29]

[25] 38 U.S.C. § 312A. The OIG team reviewed this federal law only to assess CFM's oversight and management of the minor construction project as it relates to this hotline allegation and did not review any applicable laws related to hospital design and construction. The scope of this review was specific to the hotline allegation and design standards identified in this report.

[26] VHA Directive 1002.02, *VHA Minor Construction Program*, August 23, 2022.

[27] VHA Handbook 1002.02, *VHA Minor Construction Program*, November 8, 2012.

[28] VA, "Veterans Health Administration: Ambulatory Care (Hospital-Based)," June 2006, chap. 262 in *VA Space Planning Criteria*.

[29] Equipment items in VA's 2006 space planning guide include types of exam lighting and stretchers. See appendix A for an example of an equipment list.

- ***Design Guide: Ambulatory Care (Hospital-Based)***.[30] The Audie L. Murphy facility's chief engineer provided this 2009 VA CFM guide to the review team and said it was used as the basis for designing the emergency department expansion and renovation during the project design phase from September 2015 through January 2017. This guide provides exam room design templates by functional area such as emergency room, urgent care, and specialty clinic.
- ***Guidelines for Design and Construction of Hospitals and Outpatient Facilities*** **by the Facility Guidelines Institute.**[31] According to CFM's senior architect, this 2014 industry guide is used as a reference for medical spaces. If a topic is not specifically addressed in VA policy, responsible facility staff should consult this guide—although it is not required. This guidance was applicable by the time the contractor began design work in 2015 for the Audie L. Murphy facility's fast-track rooms.

Relevant Roles and Responsibilities

The under secretary for health is responsible for ensuring overall VHA compliance with the directive on minor construction projects. The following offices and staff positions also have specific responsibilities for minor construction projects at VA:

- **CFM** develops policy, standards, guidance, and systems for the planning, design, and construction of VA facilities.[32] The office's technical information library contains nearly 2,500 documents covering all aspects of VA facility development, from planning through construction to occupancy.[33] CFM is under VA's Office of Acquisition, Logistics, and Construction, which reports directly to the VA Secretary.
- **The network contracting officer** for VISN 17 is responsible for executing contracting actions for minor construction projects, including the Audie L. Murphy facility's emergency department. The contracting officer answers to VHA's Office of Procurement and Logistics.[34] For the emergency department minor construction project, the network contracting office delegated the duties of the contracting officer's representative to a

[30] VA CFM, *Design Guide: Ambulatory Care (Hospital-Based),* January 2009.

[31] Facility Guidelines Institute, *Guidelines for Design and Construction of Hospitals and Outpatient Facilities,* 2014 edition. CFM staff gave the OIG team a copy of this industry guide.

[32] VA Functional Organizational Manual, version 8, vol. 2, *Staff Offices*, 2023, p. 220.

[33] "VA CFM Technical Information Library" (web page), accessed February 26, 2025, https://www.cfm.va.gov/til/catalog.asp.

[34] "VHA Procurement & Logistics Office (P&LO)" (web page), accessed September 4, 2024, https://www.va.gov/plo/about/saos.asp.

project engineer to conduct the technical monitoring and assist in the administration of a contract.[35]

- **The VISN 17 capital asset manager** is responsible for reviewing business cases, scopes, and estimated budgets for minor construction projects. The capital asset manager also ensures the construction contract, obligations, and any modifications comply with the approved project scope and total estimated cost. And they obtain the network director's signature and forward requests to increase the price of a contract.[36]
- **A project engineer** at the Audie L. Murphy Memorial Veterans' Hospital was delegated as the contracting officer's representative—a role that provides technical assistance and advises the network contracting officer on whether the contractor's services are acceptable and meet the needs of the emergency department staff, who were the end users of this minor construction project.[37]

Figure 1 shows the hierarchy of these roles and the relationships among them.

[35] Contracting officer and contract specialist, "Delegation of Authority as Contracting Officer's Representative (COR).

[36] VHA Directive 1002.02.

[37] Contracting officer and contract specialist, "Delegation of Authority as Contracting Officer's Representative (COR.

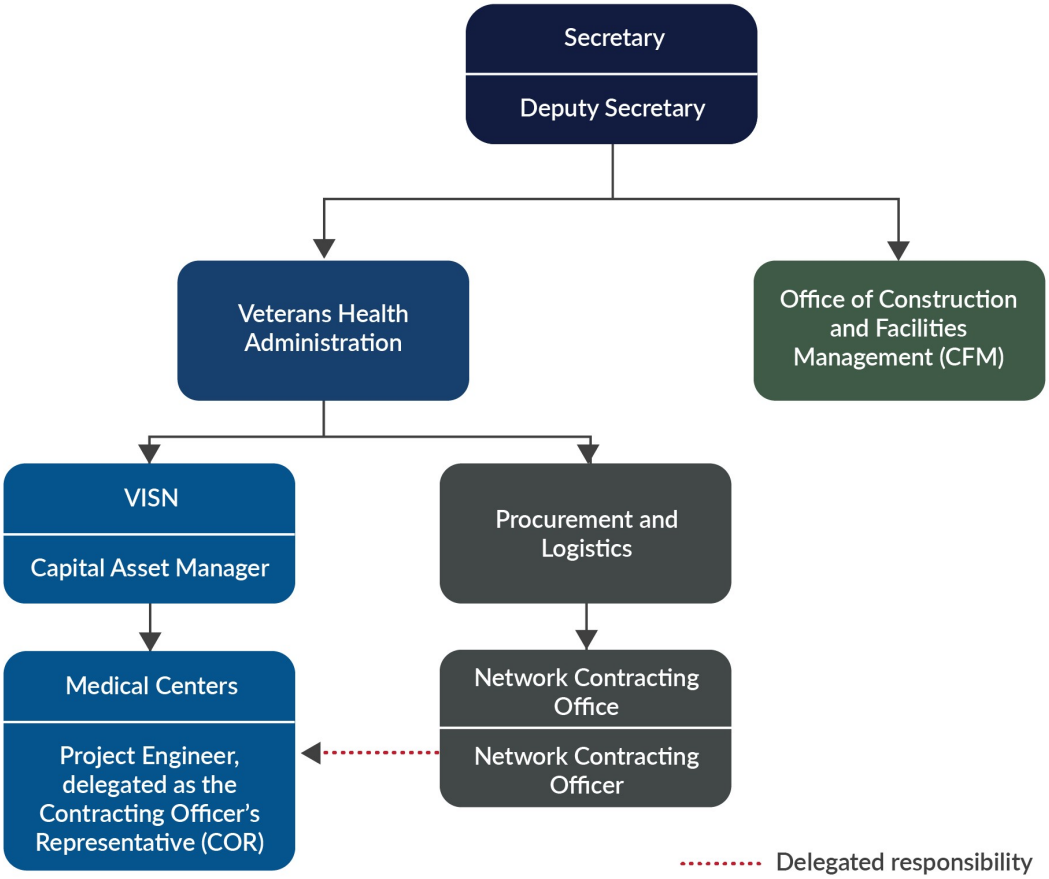

Figure 1. *Program structure applicable to the Audie L. Murphy facility's minor construction project. Source: VA OIG's summary of various VA and VHA organizational charts.*

Results and Recommendations

Finding: The Audie L. Murphy Facility's Emergency Department Expansion and Renovation Did Not Conform to VA Design Guidance or Industry Standards

The OIG substantiated the hotline allegation that the fast-track rooms and exam rooms in the Audie L. Murphy Memorial Veterans' Hospital's emergency department were not constructed to design standards set out in VA's 2006 space planning guide, VA CFM 2009 *Design Guide: Ambulatory Care (Hospital-Based)*, and the Facility Guidelines Institute's 2014 industry design standard. Specifically, fast-track rooms did not have permanent medical air, oxygen, and vacuum outlets, nor did the rooms have exam lights in each room that would meet industry standards at the time the project was designed from September 2015 through January 2017.[38] In addition, exam room 5 did not meet the VA design standard due to the contractor's failure to install the required permanent medical air, oxygen, and vacuum lines.[39]

VA did not have specific design guidance to add fast-track rooms. But a senior healthcare architect from CFM said an industry guide from the Facility Guidelines Institute should be used when VA guidance does not address a specific topic, such as the fast-track rooms. The institute's guidelines are considered industry standards within health care.

The deficiencies in the emergency department expansion and renovation were allowed to happen, in part, because the VHA directive guiding minor construction projects did not incorporate the legal requirement that the director of CFM manage and oversee the Audie L. Murphy emergency department project or carry it out in practice. Other factors also contributed to the problems during this emergency department expansion project:

- VHA's directive for minor construction projects did not require CFM to assist, and the project engineer did not believe help was needed.
- The facility and design contractor incorrectly used a template for the room where patients' vital signs are taken as the basis to design fast-track rooms and failed to have a portable exam light for each exam room.

[38] Facility Guidelines Institute, *Guidelines for Design and Construction of Hospitals and Outpatient Facilities,* 2014 edition; VHA Directive 7515, *Medical Gas and Vacuum Systems*, September 27, 2019. The directive states that "Medical Gas and Vacuum Systems store, generate, and supply oxygen, compressed air, carbon dioxide, nitrous oxide, vacuum and nitrogen to patient care areas."

[39] VA CFM, *Design Guide: Ambulatory Care (Hospital-Based)*, January 2009. The hotline allegation alleged deficiencies in exam room 5—which is room V114, procedure room 1, according to the design drawings. For this report, the OIG refers to room V114 as exam room 5.

- The project engineer accepted (that is, approved) an exam room that lacked permanent plumbing lines after the contractor also failed to install required medical air, oxygen, and vacuum lines.

If the VHA directive had included processes that aligned with CFM's oversight and management obligations and included a requirement to follow VA guidance and industry standards, the Audie L. Murphy emergency department project may have included the equipment deemed necessary by industry standards to serve patients with acute medical needs.

The OIG's finding is based on the following determinations:

- VHA's directive for minor construction projects does not align with federal law regarding oversight required by the director of CFM.
- The design of the fast-track rooms did not follow industry standards.
- The contractor did not install required plumbing for medical air, oxygen, and vacuum lines in exam room 5.
- Engineering officials did not follow VA lighting design standards.

What the OIG Did

The OIG evaluated the hotline allegations by learning about VA emergency room design standards, touring the Audie L. Murphy facility's emergency department, and interviewing staff—including the chief of emergency medicine services, the chief engineer, the project engineer, the supervisory health system specialist, the VISN deputy capital asset manager, and nurses available during the team's visit. The review team spoke with the healthcare architect, equipment specialist, and executive director for CFM and with VA OIG physicians to understand medical equipment in the emergency department. For comparison, the team also reviewed other VA emergency departments' minor construction projects that included fast-track rooms.[40]

VHA's Directive for Minor Construction Projects Does Not Align with Federal Law Regarding Oversight Required by the Director of CFM

VHA's directive on minor construction projects does not implement the legal requirement that the director of CFM be accountable for overseeing and managing minor construction projects, including determining whether they meet architectural and engineering requirements.[41] Rather, VHA's directive assigns the director of CFM only the "assumed responsibility for providing consulting support services or technical assistance for minor construction project design when

[40] For more information about this review's scope and methodology, see appendix B.

[41] 38 U.S.C. § 312A.

specially qualified, discipline-specific or engineering issues arise."[42] Effectively, the VHA directive gives the director a more limited oversight role for minor construction than mandated by federal law, which makes no such exception.

According to the handbook that took effect in 2012 and predated the 2022 directive, each medical facility's chief engineer is responsible for project planning and scope of work for minor construction projects. The project engineer is responsible for project execution (including design) and ensuring projects are reviewed for compliance with applicable standards, guides, and procedures found in CFM's technical information library.[43] The directive does not specify what party is responsible for reviewing the designs of minor construction projects, nor does it specify any procedure for project design reviews to ensure they comply with VA or applicable industry guidance.

The project engineer confirmed in a November 2024 interview with the OIG team that CFM did not review the project design of the emergency department expansion and renovation for compliance with VA and industry design standards because (1) the VHA handbook did not require the project engineer to obtain technical assistance from CFM and (2) the project engineer did not need assistance given that the contractor created a design that Audie L. Murphy emergency department leaders found acceptable. The executive director of CFM confirmed in an August 2024 interview that VHA's minor construction directive does not require CFM to fulfill its oversight and management requirements under 38 U.S.C. § 312A.[44]

To address the identified deficiencies, the OIG has made two recommendations. Recommendation 1 is for the VA Secretary to ensure processes and guidance are in place for the director of CFM to provide appropriate oversight and management over minor construction projects consistent with statutory authority and responsibilities. Recommendation 2 is for the VA Secretary to revise the VHA directive on minor construction to incorporate 38 U.S.C. § 312A requirements and develop a review process for confirming compliance with CFM's guidance and any applicable industry standards.

The Design of the Fast-Track Rooms Did Not Follow Industry Standards

The 10 fast-track exam rooms—constructed in phase 2 of the project—lacked permanent medical air, oxygen, and vacuum outlets and exam lights that should have been included according to industry standards at the time the project was designed from September 2015 through

[42] VHA Directive 1002.02.

[43] VHA Handbook 1002.02. The handbook was updated to VHA Directive 1002.02 in 2022; this language describing the project engineer's responsibilities is not included in that directive dated August 23, 2022 (current as of March 2025).

[44] Michael Brennan, executive director of CFM, interview with the OIG team, August 7, 2024.

January 2017. Although industry standards call for permanent equipment, the Audie L. Murphy facility's fast-track rooms used *portable* equipment shared in the emergency department, consisting of three exam lights, five portable oxygen generators, 12 oxygen tanks, four portable suction devices, and four portable patient monitors. According to a senior medical equipment specialist for CFM, if portable equipment is used, the number of pieces should exceed the number of rooms to account for equipment maintenance and downtime. There is no guidance specific to portable equipment. Based on the subject matter expert's statement, the facility had an insufficient amount of portable equipment to support all 10 fast-track rooms.

The VA guidance applicable during the design phase included the previously mentioned 2009 design guide and the updated space planning guide. The space planning guide has an equipment list for VA healthcare space planning projects (chapter 262). But these resources do not have specific guidance on the design and equipment requirements for fast-track exam rooms. Accordingly, the Audie L. Murphy facility's emergency department representatives met with the design contractor to specifically discuss these needs. The project engineer said that emergency department officials agreed to apply existing VA guidance for vital sign stations to design the 10 fast-track rooms. But VA's 2006 space planning guide limits the number of vital sign stations to a maximum of four. A vital sign station also has less equipment than exam rooms because stations are used to process walk-in patients and determine whether emergency treatment is warranted. Fast-track rooms require more equipment to meet industry standards. The emergency department officials and the project engineer were not aware of industry standards for fast-track rooms and decided to use the design guidance for vital sign stations without consulting CFM, which the VHA directive on minor construction gave them discretion to do.

According to a senior healthcare architect in CFM, the Facility Guidelines Institute's 2014 guide is the industry standard that should be used when VA guidance does not address a specific topic such as the fast-track rooms—although it is not required. However, the 2014 industry guide is not referenced in the minor construction directive or listed in CFM's technical information library. The industry guidance that CFM provided to the OIG team recommends facilities include hand-washing stations; medical air, oxygen, and vacuum outlets; and exam lights in designs for fast-track exam rooms.[45]

The OIG reviewed VA's three similar minor construction projects with design drawings from 2015 through 2017 that included fast-track rooms. Specifically, the review team examined the drawings of each project to determine whether those fast-track rooms included medical air, oxygen, and vacuum lines. As shown in table 2, all three had plumbing for these permanent lines as set out by the Facility Guidelines Institute's 2014 design standards, while the Audie L. Murphy project did not.

[45] Facility Guidelines Institute, *Guidelines for Design and Construction of Hospitals and Outpatient Facilities*, 2014 edition, p. 164.

Table 2. Comparison of Equipment in VA Projects with Fast-Track Rooms

Emergency departments' minor construction projects	Date of design drawings	Medical air, oxygen, and vacuum plumbing lines present?
Audie L. Murphy emergency department expansion in San Antonio, Texas	**December 30, 2016**	**No**
VISN 19 emergency department and support expansion in Salt Lake City, Utah	August 11, 2015	Yes
VISN 15 construction of new emergency department in Wichita, Kansas	June 16, 2017	Yes
VISN 6 expansion and renovation of emergency department in Salem, Virginia	July 17, 2017	Yes

Source: OIG analysis of design drawings of VA minor construction projects with emergency department construction from FY 2010 through FY 2024, extracted from the VHA Support Service Center.

The Contractor Did Not Install Required Plumbing for Medical Air, Oxygen, and Vacuum Lines in Exam Room 5

Both the contract design drawing and the VA CFM 2009 design guide called for permanent medical air, oxygen, and vacuum lines plumbed to exam room 5.[46] But as of September 2024, this exam room used portable medical air, oxygen, and vacuum equipment and a portable patient monitor capable of remote monitoring.[47] The contractor failed to install the permanent lines, and the project engineer accepted the exam room with these deficiencies. In an interview with the OIG team in May 2024, the project engineer said that it was not until the end of phase 3 construction (in April 2023) that the contractor realized they had not installed the plumbing lines according to design drawings.

The project engineer further stated that he could have instructed the contractor to install the missing plumbing lines, but the emergency department wanted to install an optional headwall to match other exam rooms. The project engineer told the OIG team that requiring the contractor to install the plumbing lines without the headwall not only would have delayed phase 3 completion but also would have required demolishing the same wall to install the headwall.

[46] The design drawing and 2009 design guide only required the plumbing lines to be wall-mounted in exam room 5 and did not require a prefabricated headwall for the medical air, oxygen, and vacuum plumbing lines. A prefabricated headwall unit consists of a patient service module for general care. It contains lighting, medical gases, electrical outlets, nurse call mechanism, and bed bumper. CFM, *Emergency Department Design Guide*.

[47] The use of a portable patient monitor was acceptable based on the 2009 design guide.

As a result, the project engineer accepted exam room 5 without the permanent plumbing lines with the intent to add them later. The contractor refunded the government $881 for costs associated with nonperformance of the plumbing line installation in exam room 5. In May 2023, the project engineer requested a contract modification to add a headwall but the VISN 17 deputy capital asset manager denied the request. The deputy capital asset manager confirmed in a July 2024 interview with the OIG team that the emergency department project was behind schedule and he wanted to contain costs—which is why he denied the request. According to an email from the project engineer, the additional costs of the headwall that was not in the original scope of work would be about $100,000 (including the headwall and installation) and would delay the overall contract by about 22 weeks.

The following photos contrast exam room 5 at the Audie L. Murphy facility (figure 2) with another exam room at the facility that has a permanent headwall with attached medical air, oxygen, and vacuum lines, along with a patient monitor (figure 3).

Figure 2. *The OIG hotline submission included this picture of exam room 5 at the Audie L. Murphy facility, showing that it does not have permanent medical air, oxygen, and vacuum lines as well as a ceiling-mounted exam light.*

Source: Photograph submitted with the OIG hotline allegation, December 2023.

Figure 3. *An exam room added to the Audie L. Murphy emergency department in phase 3 has a headwall containing medical air, oxygen, and vacuum lines.*

Source: Photograph taken by VA OIG team during a site visit, February 6, 2024.

Engineering Officials Did Not Follow VA Lighting Design Standards

The OIG team determined that all exam rooms did not comply with either VA's 2006 space planning criteria or the VA CFM 2009 ambulatory care design guide. Both guides were applicable during the time of the design contract; however, the equipment requirements were not consistent between these two guides. Specifically, VA's 2006 space planning guide required a ceiling-mounted exam light in exam room 5 and a table-mounted exam light in all other exam rooms. The VA CFM 2009 design guide required only a portable exam light in each room.[48] According to the Audie L. Murphy service chief for emergency medicine/occupational health, the emergency department shares three portable exam lights among all exam and fast-track rooms. Facility officials used the VA CFM 2009 design guide that required only a portable exam

[48] VA, "Veterans Health Administration: Ambulatory Care (Hospital-Based)," June 2006, chap. 262 in *VA Space Planning Criteria*. This space planning guide in effect at the time of exam room 5's design (*procedure* exam room) referenced an equipment guide list. This list required a ceiling-mounted exam light only in a *procedure* exam room, whereas general exam rooms required only a table-mounted light at the time of the Audie L. Murphy facility's project design.

light in each room, but the chief nurse for emergency medicine and specialty areas stated that the facility's need of portable exam lights is low and having only three portable lights is sufficient.[49] Because the facility shared three portable exam lights among all exam and fast-track rooms in the emergency department, it did not fully comply with either guide available during the design phase.

To address the identified equipment deficiencies, the OIG has made two additional recommendations. Recommendation 3 is for the director of CFM to review the Audie L. Murphy emergency department's exam and fast-track rooms for compliance with the design and equipment standards and provide any recommendations to the executive director of the South Texas Veterans Health Care System. Recommendation 4 addresses the need for the executive director of the VA South Texas Veterans Health Care System to review CFM's assessment of the Audie L. Murphy facility's emergency department for compliance with design and equipment requirements to determine what changes, if any, are necessary and to take any appropriate corrective actions.

Conclusion

When fast-track rooms and procedural and general exam rooms lack the necessary equipment for emergency care, that deficiency can increase risks for patients—particularly during large-scale emergencies. Inadequate design also places an unnecessary burden on healthcare professionals who may experience delays in accessing proper medical equipment. Healthcare providers may have to look for portable equipment, which takes their time and attention away from treating patients.

Although no instances of patient harm were reported in the hotline allegation or reported to the OIG team during the course of this review, VHA can mitigate patient risks at its emergency departments by using the most up-to-date VA equipment standards when renovating medical facilities.[50] VHA's directive on minor construction projects did not conform with federal law governing CFM oversight and did not include an explicit process for the director of CFM to fulfill their oversight and management responsibilities described in 38 U.S.C. § 312A. VHA would also benefit by having a process for CFM to review designs to ensure they conform with

[49] VA CFM, *Design Guide: Ambulatory Care (Hospital-Based)*, January 2009. This 2009 guide supplements current technical manuals and other VA criteria in planning hospital-based ambulatory care clinics. According to this guide, only portable exam lights were required. It was not until the 2021 CFM Emergency Department Design Guide (released after the construction contract was awarded in 2019) that emergency department requirements changed to ceiling-mounted exam lights.

[50] CFM published the current *Emergency Department Design Guide* in December 2021. This new guide did not apply to the design of the Audie L. Murphy facility's fast-track rooms completed in January 2017. Appendix A does, however, compare the fast-track rooms at the Audie L. Murphy facility to this new standard to demonstrate advances made in guidance by CFM since the facility's completed design phase.

VA and industry standards. Last, VA should ensure its medical facilities use the design expertise in CFM to review and correct any deficiencies.

Recommendations 1–4

The OIG made two recommendations to the VA Secretary:

1. Ensure processes and guidance are in place for the director of the Office of Construction and Facilities Management to provide appropriate oversight and management over minor construction projects consistent with the authority and responsibilities described in 38 U.S.C. § 312A.
2. Revise the Veterans Health Administration directive on minor construction projects to incorporate 38 U.S.C. § 312A requirements and develop a review process for confirming compliance with the Office of Construction and Facilities Management's guidance and any applicable industry standards.

The OIG made one recommendation to the director of the Office of Construction and Facilities Management:

3. Review the Audie L. Murphy emergency department exam and fast-track rooms for compliance with applicable design and equipment standards and provide any recommendations to the executive director of the South Texas Veterans Health Care System.

The OIG made one recommendation to the executive director of the VA South Texas Veterans Health Care System:

4. Review an assessment by the Office of Construction and Facilities Management of the Audie L. Murphy's emergency department for compliance with design and equipment requirements to determine what changes, if any, are necessary and take appropriate corrective action.

VA Management Comments and OIG Response

The principal executive director of the Office of Acquisition, Logistics, and Construction, who also serves as the chief acquisition officer, consolidated a response on behalf of the VA Secretary and VHA. VA and VHA concurred with the OIG's recommendations and submitted an action plan for each. The OIG found the comments and planned corrective actions to be responsive to the intent of the recommendations. The OIG will monitor VA's and VHA's progress and will close each recommendation once it receives adequate documentation demonstrating sufficient implementation. The full text of VA's comments appears in appendix C.

For recommendation 1, VA plans to evaluate existing processes and guidance to enhance oversight and management of the minor construction program consistent with 38 U.S.C. § 312A

and will provide specific actions taken to address the recommendation. For recommendation 2, VA plans to revise the policy on minor construction projects to incorporate 38 U.S.C. § 312A and develop a review process to confirm compliance with CFM's guidance and any applicable industry standards.

For recommendation 3, VA plans to conduct a review and to ask OIG subject matter experts for more information, including relevant design and construction files, so VA can provide specific actions taken to address the recommendation.[51] The OIG acknowledges the Office of Acquisition, Logistics, and Construction's interest in seeking OIG input or participation. However, the OIG must respectfully decline to participate in further evaluation or implementation activities related to this recommendation due to standards of independence. It is essential that the OIG maintains both actual and perceived independence. Specific planned actions will be reviewed through the OIG's routine follow-up activities.

For recommendation 4, the executive director of the VA South Texas Veterans Health Care System plans to review recommendations from CFM to determine what changes, if any, are necessary to ensure compliance with design and equipment requirements.

The principal executive director also provided six technical comments, which are included in appendix C. Technical comments 1 through 4 were explanatory, and the OIG has no corresponding comments.

In technical comment 5, VA stated that "VA Space Planning Criteria does not provide for a maximum number of vital signs stations, but instead provides a 'baseline,' i.e. minimum equipment requirement, from which any given project can begin the planning and design process." The OIG stands by its conclusion based on VA's 2006 space planning criteria, which states that emergency care areas should have a "Minimum of one [vital sign] station. Maximum of Four [vital sign] stations."[52]

In technical comment 6, VA stated that the "VA (not CFM) 2009 Design Guide *does not* require permanent medical air, oxygen, and vacuum lines in Exam Rooms. Project design documents indicating which room template from the 2006 Space Planning Guide was utilized for 'Exam Room 5' have not yet been provided. Therefore, a definitive response from CFM to this claim in the report cannot be provided." According to the chief engineer, exam room 5 was designed using a procedure room floor plan from the January 2009 design guide, not the 2006 space planning guide. The OIG updated citations to the 2009 design guide to include "VA" in the name

[51] The OIG obtained design and construction files from VA's contracting files for the relevant contracts and from the chief and project engineer at the Audie L. Murphy Memorial Veterans' Hospital.

[52] VA, "Veterans Health Administration: Ambulatory Care (Hospital-Based)," June 2006, chap. 262 in *VA Space Planning Criteria*, p. 12. In March 2024, CFM gave the OIG team an archived copy of this chapter and the equipment guide list. This 2006 version applied when the Audie L. Murphy facility's contract was awarded in September 2015 and is therefore considered the OIG review team's source for this report.

of the document. However, the OIG stands by its conclusion that, based on the January 2009 design guide, the equipment list for exam room 5, which was designed as a procedure room, included plumbing lines for medical air, oxygen, and vacuum along with a floor plan illustration of these items. In addition, the contractor design drawings included medical air, oxygen, and vacuum lines plumbed to exam room 5, which the contactor failed to install, and the project engineer accepted the exam room with these deficiencies.[53]

[53] The hotline allegation reported deficiencies in exam room 5—which is room V114, procedure room 1, according to the design drawings. For this report, the OIG refers to room V114 as exam room 5.

Appendix A: Audie L. Murphy Facility's Fast-Track Rooms Compared to Current Design Standards

In December 2021, the Office of Construction and Facilities Management (CFM) published the *Emergency Department Design Guide*, VA's first design policy that includes guidance for construction and equipment requirements for fast-track exam rooms.[54] The design guide includes a list of equipment for each fast-track exam room—more than what was identified in the 2014 industry guide for fast-track rooms.[55] VA's guide adds a list of required permanent equipment including the need to install prefabricated headwalls; medical air, oxygen, and vacuum lines; and ceiling-mounted exam lights in each room.

The Audie L. Murphy Memorial Veterans' Hospital is not required to retrofit its existing fast-track rooms to meet these new standards because those rooms were designed by January 2017 before the *Emergency Department Design Guide* was published. Nevertheless, the VA Office of Inspector General (OIG) compared the state of the facility's fast-track rooms at the time of this review to VA's new guidance to illustrate the differences. Table A.1 shows the percentage of the Audie L. Murphy emergency department emergency department's fast-track rooms that meet the standards in CFM's 2021 *Emergency Department Design Guide* based on each piece of equipment required.[56]

Table A.1. Percentage of Audie L. Murphy Facility's Fast-Track Rooms Designed in 2017 That Comply with Equipment Required by VA's 2021 Design Guide

Joint schedule number	Equipment name	Percentage of fast-track rooms in compliance with 2021 guidance
A1010	Telecommunication Outlet	0%
A1014	Telephone, Wall Mounted, One Line, With Speaker	0%
A1110	Headwall, Prefabricated, General, 1-2 bed*	0%
A1200	Lift System, Overhead, Patient Room	0%
A5075	Dispenser, Soap, Disposable	100%

[54] VA functions as the "authority having jurisdiction" for all VA facilities and projects and has the responsibility to safeguard public health and safety through enforcing its own adopted codes and standards. VA Office of Construction and Facilities Management (CFM), *Emergency Department Design Guide (PG-18-12)*, December 2021.

[55] Facility Guidelines Institute, Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 edition. CFM staff gave the OIG team a copy of this industry guide.

[56] CFM, *Emergency Department Design Guide*. Fast-track rooms and general exam and treatment rooms require nearly identical equipment; the only difference is the type of stretcher. Fast-track rooms also do not have a wall-mounted infection control center with personal protective equipment.

Joint schedule number	Equipment name	Percentage of fast-track rooms in compliance with 2021 guidance
A5077	Dispenser, Hand Sanitizer, Hands-Free	0%
A5080	Dispenser, Paper Towel, SS, Surface Mounted	100%
A5107	Dispenser, Glove, Surgical/Examination, Wall Mounted	100%
A5108	Waste Disposal Unit, Sharps	100%
A5145	Hook, Garment, Double, SS, Surface Mounted	100%
A5180	Track, Cubicle, Surface Mounted, With Curtain	100%
A5215	Bracket, Television, Ceiling Mounted	0%
A6046	Artwork, Decorative, With Frame	0%
E0945	Cart, Computer, Mobile	100%
E0948	Cart, General Storage, Mobile, 42″H x 32″W x 22″D	0%
F0205	Chair, Side with Arms	100%
F0340	Stool, Self Adjusting	40%
F2010	Basket, Wastepaper, Step-On	90%
F3200	Clock, Battery, 12″ Diameter	0%
M0506	Television, Flat Screen	0%
M0750	Flowmeter, Air, Connect w/50 PSI Supply*	0%
M0755	Flowmeter, Oxygen, Low Flow*	50%
M0765	Regulator, Vacuum*	0%
M3073	Container, Biohazard Waste, Step-on, Fire Safe	100%
M4200	Otoscope/Ophthalmoscope, Wall Mounted	100%
M4255	Stand, IV, Adjustable	80%
M4266	Pump, Volumetric, Infusion, Multiple Line	10%
M4653	Stretcher, Chair, Ophthalmic Surgical	100%
M7040	Table, Overbed	100%
M7405	Light, Exam, Ceiling Mounted*	0%
M7845	Monitor, Physiological, Bedside, Four Channel*	40%
M7910	Thermometer, Electronic	100%
P3100	Lavatory, Vitreous China, Slab Type	100%

Source: Equipment Guide List from "Chapter 256: Emergency Department," of the CFM, Emergency Department Design Guide *(PG-18-12), December 2021; OIG analysis of data downloaded from CFM's technical information library, https://www.cfm.va.gov/til/equip.asp.*

*Note: *Missing items identified in the hotline allegation.*

Appendix B: Scope and Methodology

Scope

The review team conducted its work from April 2024 through May 2025 to examine Minor Construction Project 671-248 in the emergency department of the Audie L. Murphy Memorial Veterans' Hospital in San Antonio, Texas.

Methodology

To accomplish the review objectives, the team considered applicable laws, regulations, policies, procedures, guidelines, and contract files related to minor construction and emergency department designs. The team visited the facility and interviewed emergency department leaders and staff, including the chief of emergency medicine services, the chief engineer, the project engineer, the supervisory health system specialist, and nurses available during the team's visit. The review team also spoke with the healthcare architect, equipment specialist, and executive director for CFM; the VISN deputy capital asset manager; and VA Office of Inspector General (OIG) physicians to understand medical equipment standards in the emergency department. For comparison, the team also reviewed other VA emergency departments' minor construction projects that included fast-track rooms.

Internal Controls

The team determined that it was not necessary to perform an assessment of internal controls as a part of this hotline review.[57] However, during the review, the team found that the minor construction program does not have an internal controls process to oversee and manage the planning, design, construction, and operations of facilities and infrastructure for VA, as required by law.[58] The finding and recommendations in this report address the internal control deficiency found during the review.

Data Reliability

The team did not use computer-processed data to support any findings, conclusions, or recommendations.

[57] Government Accountability Office (GAO), *Standards for Internal Control in the Federal Government*, GAO-14-704G, September 2014.

[58] 38 U.S.C. § 312A.

Government Standards

The OIG conducted this review in accordance with the Council of the Inspectors General on Integrity and Efficiency's *Quality Standards for Inspection and Evaluation*.

Appendix C: VA Management Comments

Department of Veterans Affairs Memorandum

Date: July 23, 2025

From: Principal Executive Director, Office of Acquisition, Logistics, and Construction and Chief Acquisition Officer (003)

Subj: Office of Inspector General (OIG) Draft Report: Review of Audie L. Murphy Emergency Department Hotline (OIG Project No. 2024-00982-AE-0059) (VIEWS #13181346)

To: Assistant Inspector General, Maintenance and Construction Audit Operations Division (52D05)

1. The Office of Acquisition, Logistics, and Construction (OALC) and the Veterans Health Administration (VHA) reviewed the subject OIG Draft Report and concurred with all findings and recommendations and will take the actions referenced in the attached implementation plan(s).

The OIG removed point of contact information prior to publication.

(Original signed by)

Phillip W. Christy

Attachments

Attachment

VA Draft Report Response (OIG Project No. 2024-00982-AE-0059)

The Emergency Department Construction Project at the Audie L. Murphy Memorial Veterans' Hospital in San Antonio, Texas, Did Not Follow VA and Industry Equipment Design Standards

July 2025

OIG made two recommendations to the VA Secretary:

Recommendation 1. Ensure processes and guidance are in place for the director of the Office of Construction and Facilities Management (CFM) to provide appropriate oversight and management over minor construction projects consistent with the authority and responsibilities described in 38 U.S.C. § 312A.

VA Comments: Concur. Department of Veterans Affairs (VA) will evaluate existing processes and guidance to enhance oversight and management of the minor construction program consistent with 38 U.S.C. § 312A, given proper staffing and resources. VA will provide the specific actions taken to address the recommendation in the initial update to the final report.

Status: In Progress **Target Completion Date:** September 30, 2025

Recommendation 2. Revise the VHA directive on minor construction projects to incorporate 38 U.S.C. § 312A requirements and develop a review process for confirming compliance with the Office of Construction and Facilities Management's guidance and any applicable industry standards.

VHA Comments: Concur. VHA will revise the policy on minor construction projects to incorporate 38 U.S.C. § 312A requirements and develop a review process for confirming compliance with the Office of Construction and Facilities Management's guidance and any applicable industry standards.

Status: In Progress **Target Completion Date:** December 2025

OIG made one recommendation to the director of the Office of Construction and Facilities Management:

Recommendation 3. Review the Audie L. Murphy emergency department exam and fast-track rooms for compliance with applicable design and equipment standards and provide any recommendations to the executive director of the South Texas Veterans Health Care System.

VA Comments: Concur. VA will conduct a review and request additional information from OIG points of contact with personal knowledge of, and access to, the subject matter, including relevant design and construction files, to facilitate the process. VA will provide the specific actions taken to address the recommendation in the initial update to the final report.

Status: In Progress **Target Completion Date:** September 30, 2025

OIG made one recommendation to the executive director of the VA South Texas Veterans Health Care System:

Recommendation 4. Review an assessment by the Office of Construction and Facilities Management of the Audie L. Murphy's emergency department for compliance with design and

equipment requirements to determine what changes, if any, are necessary and take appropriate corrective action.

VHA Comments: Concur. In collaboration with Emergency Department and Engineering leadership, the Medical Center Director will review recommendations from the Office of Construction and Facilities Management to determine what changes, if any, are necessary to ensure compliance with design and equipment requirements. If changes are necessary and required, the Medical Center Director will ensure appropriate corrective actions are taken.

Status: In Progress **Target Completion Date:** March 2026

Attachment

VA Draft Report Technical Comments
(OIG Project No. 2024-00982-AE-0059)

VA concurs with the overall findings of the OIG Draft Report and provides the following preliminary comments for OIG's information.

1. Report Conclusion Supported – VA Standards in place at the time of the design (2017) for the Expansion and Renovation of the Audie L. Murphy VAMCs Emergency Department did not specifically address 'Fast-track' space or planning as this was not a VHA clinical operational concept at the time. VA Standards at the time of this project's design addressed the requirements for emergency and urgent care rooms / spaces. For VA projects designed in this period, compliance with the fast-track concept should not be expected.

2. Report Conclusion Supported – As mentioned in the report (page 5) the Facilities Guidelines Institute (FGI) Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2010 and 2014 editions, both reference 'Fast-track' room / space requirements. Where a design topic is not specifically addressed by VA policy or standard, FGI *may* serve as a reference for design information to facilitate program functionality. Because the Fast-track concept was not an operational model in use across VA Emergency Medicine at the time of the design, it was not incumbent upon the designer to include Fast-track design features.

3. Report Conclusion Supported – Report page 8: "nor did the rooms have exam lights that would meet industry standards at the time the project was designed…" The VA Standard in place at the time for Emergency Room planning and design allowed for the use of 'portable' examination lights in Exam Rooms in the Emergency Department. As 'Fast-track' was not a VA operational approach at the time, Exam Room equipment/room contents for use in this function was not specifically identified.

4. Report Conclusion Supported – Report page 8: Each exam room is required to have a portable exam light per the VA 2009 Design Guide. However, the Initial Outfitting & Activations (IOTA) program, managed locally by VHA at the Audie L. Murphy Memorial Veterans Hospital, is responsible for outfitting the new facility and ought to have noted this design discrepancy and equipped the room properly.

5. Report Conclusion Not Supported – Report page 11: "But CFM's 2006 space planning guide limits the number of vital sign stations to a maximum of four."

VA Comment: VA Space Planning Criteria does not provide for a maximum number of vital signs stations, but instead provides a 'baseline,' i.e. minimum equipment requirement, from which any given project can begin the planning and design process.

6. Report Conclusion Not Supported – Report page 12 states "the CFM 2009 Design Guide requires permanent medical air, oxygen, and vacuum lines for Exam Rooms."

VA Comment: This is inaccurate. VA (not CFM) 2009 Design Guide *does not* require permanent medical air, oxygen, and vacuum lines in Exam Rooms. Project design documents indicating which room template from the 2006 Space Planning Guide was utilized for "Exam Room 5" have not yet been provided. Therefore, a definitive response from CFM to this claim in the report cannot be provided.

For accessibility, the original format of this appendix has been modified to comply with Section 508 of the Rehabilitation Act of 1973, as amended.

OIG Contact and Staff Acknowledgments

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